Wistaston 35th SWC
Group Camp 2018

This year's Group Camp is now being arranged and will be held over the weekend **11th/12th/13th May 2016** at **Milldale Scout Camp Site, Mill Lane, Blakenhall, Nantwich CW5 7NN** A full weekend of activities is being planned; Cubs and Scouts will camp for the full weekend with Beavers camping overnight Saturday/Sunday.

To book your place please return the attached form with the correct money {cheques payable to **'35th SWC Scout Group'**} in an envelope clearly marked with the member's name.

The cost will be:	Beavers (Saturday)	£25
	Cubs (Weekend)	£30
	Scouts (Weekend)	£30
Arrival Times:	Cubs	7.00 pm Friday
	Scouts	7.00pm Friday
	Beavers	10 am Saturday
Departure Times	All Campers 2pm	

Any questions about this event, please feel free to discuss them with a leader.

John Bennett
Group Scout Leader

Wistaston 35th SWC
Permission Form

This form is to be completed by the Parent/Guardian of the named child. It gives responsibility for the child to the activity leader and authority for him / her to sign on your behalf any papers needed by the medical authorities for emergency hospital treatment.

I give permission for:
to attend Group Camp Milldale on May 11th/12th/13th 2018 under the leadership of Bob Humphries, Alex Smith, Andrew Ticehurst and Rob Bunn

As parent / guardian I will inform you if he / she is in contact with any infectious diseases within 3 weeks of the event, and of any medicines/special diet needed during the event. If he / she has to take any pills/ medication I will hand them to you clearly marked with his / her name and exact does upon arrival. If he / she is currently receiving any hospital treatment I will inform you of this and give contact details of the hospital concerned. If he / she has any allergies, sensitive topics, disabilities I will enter the details below.

I AUTHORISE YOU AS ACTIVITY LEADER TO SIGN ON MY BEHALF ANY WRITTEN FORM OF CENSENT REQUIRED BY THE HOSPITAL AUTHORITY, IF THE DELAY REQUIRED TO OBTAIN MY OWN SIGNATURE IS CONSIDERED INADVISABLE BY THE SURGEON

Please fill in the details below.

Address [ ] [ ] [ ] Postcode [ ] Telephone [ ] Mobile [ ]	Health No [ ] Doctor [ ] Surgery [ ] Telephone [ ]
Allergies, Bed-Wetting, Disabilities, Special Dietary Requirements or Sensitive Topics etc	

Please tick where applicable.

		☐		☐
He/She has been immunised against tetanus in the last 3 years	Has	☐	Has Not	☐
He/She may take part in water activities under supervision	May	☐	May Not	☐
He/She can swim 50 meters (un-aided)	Yes	☐	No	☐
He/She may appear on photographs for display at the scout hut	May	☐	May Not	☐

Please fill in emergency contact address 1.	**Please fill in emergency contact address 2.**
Name [ ] Relationship [ ] Address [ ] [ ] [ ] Telephone [ ]	Name [ ] Relationship [ ] Address [ ] [ ] [ ] Telephone [ ]

Parent/Guardian Signature _____ **Date** ____/____/____